1. **Has the SOTA waived the requirement that doses greater than 24 mg of buprenorphine be approved by them?**

   With TDMHSAS last rule revision effective September 2025 it was increased to above 32 mg (0940-05-35.20250925.pdf)

2. **Is there reimburse for qualify graduate student?**

   Please refer to policy: PRO 22-001 Behavioral Health Services by Qualified Graduate Students Policy

3. **Can we bill for the BESMART HCPCS Codes for every visit, even if the patient doesn't receive medication administration on each visit? For example, the patient receives a monthly dose of buprenorphine and comes to the office every week for the induction phase.**

   Based on the program description, a patient seen only monthly would generally not be considered in the induction phase. Induction is described as a short-term phase focused on initiating buprenorphine treatment with close monitoring, including visits every few days (less than a week apart), drug screening at each visit, and supportive services during each induction visit. Most patients' complete induction within 1–3 visits unless there is documented clinical justification for an extended induction period. Once a patient is stable on buprenorphine and no longer experiencing acute withdrawal symptoms, they should transition to the stabilization phase. Reference the Treatment Phases section of the Program Description for additional details on the goal, duration, and requirements of each phase of treatment.

   Further, to utilize BESMART billing codes, the BESMART prescriber must have provided services that equate to an evaluation and management visit, plus deliver additional components of the service per the BESMART program description. If the services delivered did not include an encounter with the prescriber that qualifies as an E&M or the service otherwise did not meet BESMART criteria, BESMART codes should not be utilized for that visit.

4. **Are counseling and psychotherapy required to be provided internally by the MAT organization, or can those services be provided through an external partner or referral organization?**

   Counseling and psychotherapy may be provided by an external organization. Per the program description, providers must: "Employ, contract, or partner with a behavioral health counselor to provide psychosocial assessment, addiction counseling,

individual/group counseling, self-help and recovery support, and psychotherapy for co-occurring disorders"

If utilizing an external partner, the BESMART provider is responsible for coordination of care with that provider. There must be evidence of coordination available in the medical record that occurs at least every three months and verifies that the patient is receiving psychotherapy at the appropriate frequency for their phase of treatment. If a patient declines the referral, documentation should include specifics of the referral(s) made, to include the organizations/providers suggested.

The MCOs also request information regarding collaborative agreements in order to account for when this is occurring and as a consideration during quality reviews to ensure the services are still meeting BESMART program description requirements. Practices must also ensure that there is no duplication of payment when using an external partner. This is one of the reasons billing codes were established for when services are included or excluded in the BESMART encounter, allowing this flexibility as long as the program description requirements are still being met.

5. Can the HCPCS code be billed along with an E&M code if other medical concerns were handled along with MAT in the visit?

This scenario should be approached as it would be if the provider were considering whether or not to bill two Evaluation and Management codes for the same date of service, which requires that there be separate and distinct documentation regarding non-related clinical issues (e.g. an SUD dx as well as a medical dx or condition that requires additional, distinct time and decision making) that cannot be addressed within the same encounter. Below are links to authoritative resources

Medicare Claims Processing Manual (**Office/Outpatient E/M Visits**)

Reporting CPT Modifier 25

Two E/M Services on the Same Day

☑ Appropriate (Limited Scenarios)

A. Different Providers, Different Specialties

- Allowed if:
  - Providers are in **different specialties**
  - Each visit is **medically necessary and distinct**

✅ Example:

- Cardiologist + endocrinologist both evaluate patient same day
  → Both E/Ms billable [simplycomp...ulting.com]

B. Same Provider (or Same Specialty Group) – Rare Exception

Allowed **only if ALL conditions are met**:

1. **Unrelated problems**
2. **Separate encounters** (not just continued care)
3. **Could not reasonably be provided in a single visit**
4. **Distinct documentation**

✅ Example:

- Morning visit: HTN management
- Evening visit: injury from accident

CMS allows separate billing in these cases [aapc.com]

Not Appropriate (Most Common Scenario)

1. Same provider / same specialty / related problem

- CMS treats providers as **one physician**
- Must:
  - **Combine work**
  - Bill **one E/M level**

❌ Example:

- Patient seen twice same day for diabetes follow-up and continued symptoms
  → Bill **one combined E/M**

2. Same issue, staged care during the day

- Follow-up later same day (e.g., “check response to treatment”)
- Not separately billable

3. Duplicate or fragmented billing

- Splitting one encounter into two claims
- Billing separate E/Ms for convenience or workflow

4. Same group, same specialty providers

- Treated as one entity by CMS

- Only one E/M allowed unless **unrelated problems** [simplycomp...ulting.com]

Ask:

- Same provider/specialty?
  - YES → combine unless **unrelated + separate encounters**
- Different specialties?
  - YES → generally allowed
- Same problem?
  - YES → **one E/M only**

6. What is the time period to implement any changes to ensure compliance?

The quality review tool will be in use effective July 1, 2026. Providers will be given a grace period of a year to incorporate the changes identified in the BESMART program description and quality review tool. BESMART code changes will be effective August first and should be utilized for any services August 1, 2026, and thereafter.

7. Where is the MCO cheat sheet available?

The cheat sheet that was developed to assist practices in completing the forms correctly is being distributed with the webinar materials, but you can email your network representative for the each MCO or send an email to MAT_Referral_CM_UM@bcbst.com to request a copy.

8. Can the patient decline both counseling and psychotherapy as long as the prescriber is aware?

While psychotherapy and counseling are strongly encouraged as they are integral components of care, patients may choose to decline these services. Per the Program Description: "If a patient chooses to decline counseling/psychotherapy, the provider must document the denial and the provider's attempts to engage the patient in counseling/psychotherapy"

Practices must also ensure the most appropriate codes and/or modifiers are being billed when counseling/psychotherapy are not being delivered.

9. Can you expand on what specifically constitutes "random" drug screening, including expectations around frequency, observation, scheduling practices, and documentation requirements?

The program description clarifies expectations for drug screens, broken down by phases of treatment. Expectations are aligned with SAHMSA guidelines.

10. Is there a template for the psychosocial assessment?

We do not require a specific template. We look for any assessment that meets these general requirements:

A psychosocial assessment is a thorough and comprehensive evaluation of an individual patient's physical, mental, and emotional health, along with his ability to function within a community and his perception of himself. It is mainly conducted by social workers and medical experts, and is a tool to learn medical, psychiatric, and social aspects of a person, as well as determine their present and future behavior. This assessment may include the following components:

- Medical History and Physical Health
- Mental Health and Treatment History
- Interpersonal and Family History
- Family, Parenting, and Caregiver History
- Education
- Employment
- Sociocultural History
- Religious History
- Vocational, Educational, and Military History
- Legal History
- Barriers to Treatment and Related Services
- Strengths and Coping Strategies

For some example templates, please email Kathryn_Myrick-Jones@bcbst.com

11. We have had patients who are having to pay out of pocket for a portion of their prescription if they are getting more than 16 mg daily, is that still going to be the case?

From a policy standpoint, no, a TennCare member who is utilizing their TennCare benefit and receiving care from a TennCare enrolled prescriber should not be required to pay out-of-pocket for buprenorphine, regardless of dosage.

12. We have experienced an issue of multiple pharmacies refusing to fill anything above 16 mg. Is there anything we can do about this?

With the updated buprenorphine limits, we expect that this issue will be resolved.

13. Will the MCOs be sending out contract amendments to reflect reimbursement for the updated BESMART coding structure?

BC: Providers will receive a notification and a crosswalk that documents the changes.

UHC: Yes, an amendment and payment app will be sent reflecting the new codes and rates. Additionally, providers advocates will be sharing a crosswalk document to outline the BESMART code correspondences, and additionally the quality review tool effective July 1, 2026, will be shared.

Wellpoint: Amendment by notification will be sent. Questions can be directed to your provider representative.

14. Where do we get the new forms?

BlueCare's new onboarding form can be accessed at https://app.smartsheet.com/b/form/e87ed7f04e364874a14215f766ae8b3a

UnitedHealthcare's onboarding and attestation can be accessed at https://forms.office.com/Pages/ResponsePage.aspx?id=yvoF2yrInUu5xQ9ktnVUIS0xADVjOtxFohZAYc6SZvBUNExVRkVOVkdKNDlHM0tXMVE1NTVGT0NVNi4u

Wellpoint's onboarding form can be accessed at Wellpoint BESMART Providers - https://app.smartsheet.com/b/form/73990721ec074379b22b0db47e73dbe5

The cheat sheet that was developed to assist practices in completing the forms correctly is being distributed with the webinar materials, but you can email your respective MCO network representative or send an email to MAT_Referral_CM_UM@bcbst.com to request a copy.

15. In the slides on counseling/psychotherapy, I did not see LADAC 2 in there. I did see LADAC 1. Would I be correct in assuming that a LADAC 2 can provide Psychotherapy services?

LADAC II professionals are allowed to provide counseling services. However, they are **not considered licensed clinicians** who can independently diagnose conditions or provide psychotherapy at this time.

If a LADAC has a **master's degree in a relevant field**, they may qualify under certain policies—but their LADAC license itself does not change their scope of practice. They **cannot independently diagnose** or treat issues outside of substance use disorders (SUD), nor can they bill for "psychotherapy" as defined by coding standards, since that is outside their scope.

To address **non-SUD issues**, they must be **supervised**, just like any other master's-level provider who is not fully licensed.

The BESMART program (a TennCare initiative) expects participating providers to be able to manage **co-occurring conditions** as part of patient care. This aligns with OBOT licensure rules, which require providers to:

- Identify co-occurring issues
- Include them in treatment planning
- Either treat them directly (if qualified) or refer to and coordinate care with external providers

This ensures care is delivered in a **coordinated, effective, and high-quality way**.

To address any MCO specific issues please contact the following:

BlueCare: Contact your Network Manager (My BlueCross Contact | BlueCross BlueShield of Tennessee) or email MAT_Referral_CM_UM@bcbst.com

United Healthcare: Contact your Network Account Manager or send an email to SE_Government_Programs@uhc.com

Wellpoint: Contact your Network Manager or send an email to WLPBESMART@wellpoint.com